

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

3172

232

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 20 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				/ STREET ADDRESS (If rural, give location) 4297, ST. Louis Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Cleveland		b. (Middle)		c. (Last) Young		4. DATE OF DEATH (Month) (Day) (Year) Jan. 8 1951	
5. SEX Male 2		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH 12/ 5th, 1903	
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months 1 Days 3		IF UNDER 1 HRS. Hours 3 Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxi Cheffeur				10b. KIND OF BUSINESS OR INDUSTRY Maroula Cab. Co		11. BIRTHPLACE (State or foreign country) Midnight. Mississippi /	
12. CITIZEN OF WHAT COUNTRY? U.S.A							
13a. FATHER'S NAME Tommie Young				13b. MOTHER'S MAIDEN NAME Saphronia Ford		14. NAME OF HUSBAND OR WIFE Georgia. A. Young	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		(If yes, give year or dates of service) None		16. SOCIAL SECURITY NO. 703-16-7231		17. INFORMANT'S SIGNATURE OR NAME <i>Georgia A. Young</i> ADDRESS 4297, ST. Louis. .AVE	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Recurrent Gastric Carcinoma with Obstruction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 157X			
22. I hereby certify that I attended the deceased from 11-20 , 19 50 , to 1-8 , 19 51 , that I last saw the deceased alive on 1-8 , 19 51 , and that death occurred at 4 p m., from the causes and on the date stated above.							
23a. SIGNATURE <i>M. D. Lawrence</i> (Degree or title) M. D.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 1-9-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5		24b. DATE I-10* 51		24c. NAME OF CEMETERY OR CREMATORY Jonesburgh.		24d. LOCATION (City, town, or county) (State) Arkansas	
DATE REC'D BY LOCAL REG. JAN 10 1951		REGISTRAR'S SIGNATURE <i>J. B. Pasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Price Funeral Co.</i> ADDRESS 2829 Washington			

(Licensed Embalmer's Statement on Reverse Side)

IRVI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 11441

P. O. Address 2829 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.